



ARTIST'S INVOICE – SUPPLIES



Date Submitted	(Day / Month / Year) / / /		
Name			
Mailing Address			
City/ Province		Postal Code	
Home Phone	()	Work Phone	()
Facsimile	()	E-mail Address	

Supplier	Article(s) Purchased (attach bills in the order as listed)	Date Purchased	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$

Facilitator: _____

Superintendent: _____